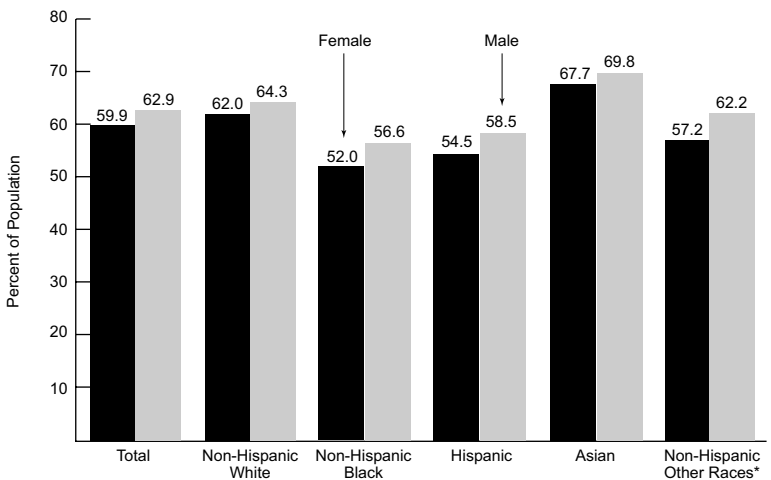
SELF-REPORTED HEALTH STATUS

In 2004, men were more likely than women to report being in excellent or very good health (62.9 versus 59.9 percent); this was true in every racial and ethnic group. Among both sexes, Asians most often reported that they were in excellent or very good health, followed by non-Hispanic Whites and Hispanics; non-Hispanic Blacks were the least likely to report themselves to be in excellent or very good health.

Self-reported health status declines with age: 70.8 percent of women aged 18 to 44 years reported excellent or very good health status, compared to 55.7 percent of those aged 45 to 64 years, 42.7 percent of those aged 65 to 74 years, and 31.5 percent of those aged 75 years or more. Among those in the oldest age group, 31.1 percent reported poor health, compared to only 6.4 percent of those in the youngest age group.

Adults Aged 18 and Older Reporting Excellent or Very Good Health, by Sex and Race/Ethnicity, 2004

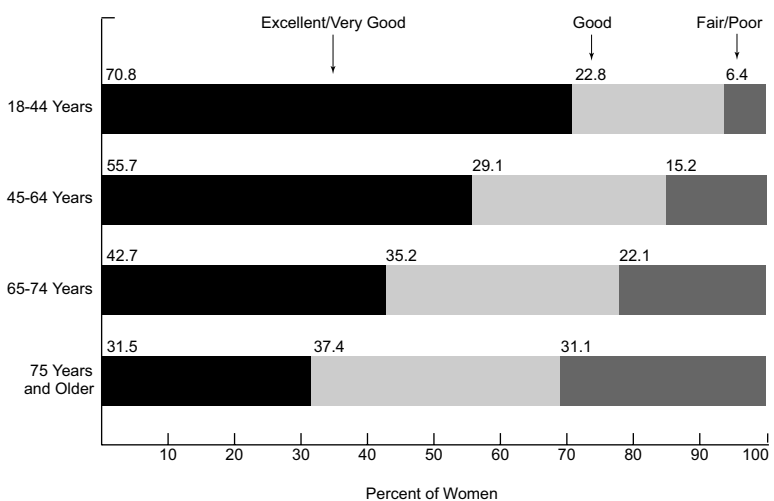
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Includes American Indian/Alaska Native and persons of more than one race.

Self-Reported Health Status of Women Aged 18 and Older, by Age, 2004

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



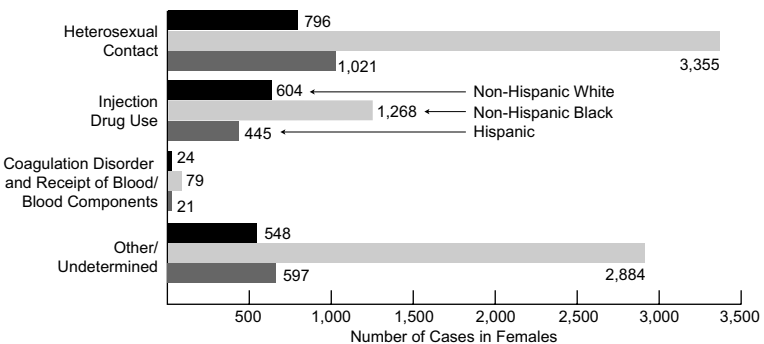
AIDS

Acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which damages or kills the cells that are responsible for fighting infection. An AIDS diagnosis is received when an HIV infection becomes advanced and meets certain criteria determined by the Centers for Disease Control and Prevention (CDC). AIDS was first reported in 1981 and during the following decade was primarily diagnosed in men who had sex with men, but the disease has since become more prevalent among women. In 1988, 7,504 AIDS cases were reported among men compared to 524 cases among women. In 2004, the number of cases among women had grown to 11,442, an increase of over 2,000 percent. In 1993, the CDC expanded the criteria for AIDS cases to include persons with severe immunosuppression, pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer. This change is partially responsible for the greatly increased number of reported AIDS cases among women.

Non-Hispanic Black women are disproportionately affected by AIDS. In 2004, 7,586 non-Hispanic Black women were diagnosed with AIDS, compared to 1,972 non-Hispanic White women and 2,084 Hispanic women. Overall, 44 percent of cases among women were attributable to heterosexual contact, while 20 percent were due to injection drug use, and 1 percent were due to a coagulation disorder or receipt of blood/blood components; the remaining 35 percent were of other or unknown cause. Over the past decade, the numbers of women being diagnosed with AIDS and the number of deaths among women with AIDS has increased only slightly, while the number of women living with AIDS has increased dramatically, due in large part to recent advances in antiretroviral therapy.

Female AIDS Cases, Aged 13 and Older, by Exposure Category* and Race/Ethnicity,** 2004

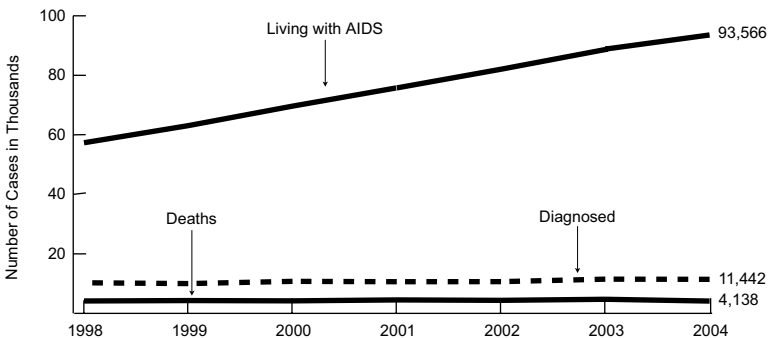
Source II.4: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report



*Each reported case of AIDS is assigned to one exposure category, even if more than one risk factor is present, according to the probability of acquiring the infection from each risk behavior. **Numbers for Asian/Pacific Islanders and American Indian/Alaska Natives are too small to illustrate on graph.

Estimated Number of Women Diagnosed with AIDS, Living with AIDS, and Dying with AIDS,* 1998-2004

Source II.4: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report



*Among women aged 13 and older.

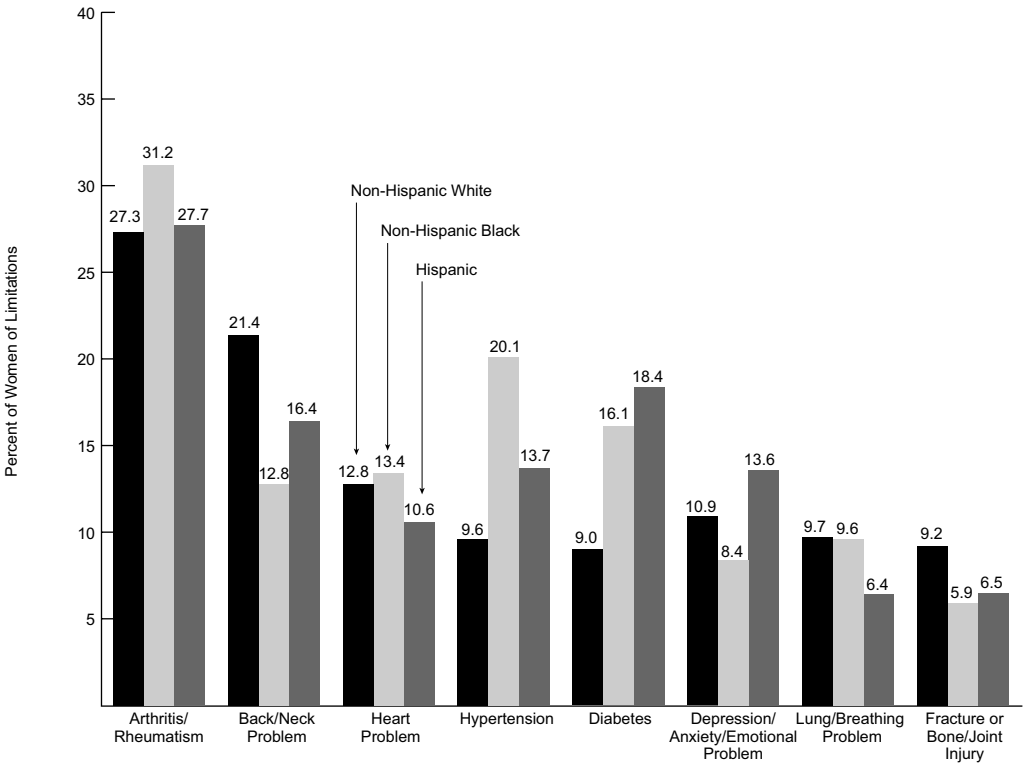
ACTIVITY LIMITATIONS AND DISABILITIES

Although there are many different ways to define a disability, one common guideline is whether a person is able to perform common activities—such as walking up stairs, standing or sitting for several hours at a time, grasping small objects, or carrying items such as groceries—without assistance. In 2004, just over 14 percent of the U.S. population reported having at least one condition that limited their ability to perform one or more of these common activities. Women were more likely to report being limited in their activities than men (15.4 versus 12.8 percent).

Conditions that cause activity limitations among women vary by race and ethnicity. Activity limitations caused by arthritis, for instance, are most common among non-Hispanic Black women (31.2 percent) and least common among non-Hispanic White women (27.3 percent); conversely, limitations caused by back or neck problems are most common among non-Hispanic White women (21.4 percent) and least common among non-Hispanic Black women (12.8 percent). Activity limitations due to hypertension are also most common among non-Hispanic Black women (20.1 percent), and limitations due to diabetes are most common among Hispanic women (18.4 percent).

Selected Conditions Causing Activity Limitations* in Women Aged 18 and Older with at Least One Limitation, by Race/Ethnicity,** 2004

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



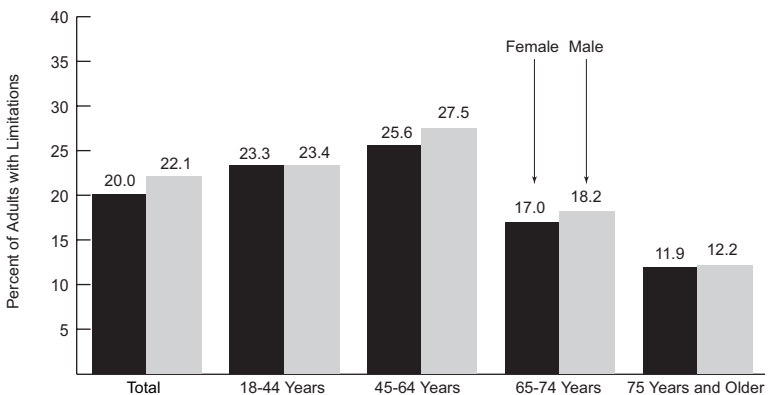
*Activity limitations are defined as conditions that cause difficulty performing certain physical, leisure, and social activities. **The sample of Asians and those of other races was too small to produce reliable estimates.

Back and neck problems are a common cause of activity limitation: in 2004, almost 21 percent of the population reported being limited in one or more activities by a back or neck problem. Among both males and females, activity limitations caused by back or neck problems are most common among people aged 45 to 64 years (reported by 27.5 percent of men and 25.6 percent of women). Thereafter, limitations due to back or neck problems declined with age.

Visual and hearing impairment are not among the most common causes of activity limitations. Visual impairment affects a small proportion of the population, while hearing impairment, although more prevalent, does not generally affect a person's ability to do common physical tasks, such as walk or climb stairs. However, such sensory impairments are widely recognized in broader definitions of disability. There are noticeable gender differences in the occurrence of visual and hearing impairment: women are more likely than men to have a visual impairment (7.4 versus 4.5 percent), while men are more likely than women to have a hearing impairment (16.5 versus 10.1 percent). Just over 3 percent of both men and women experience both visual and hearing impairments. In this case, a visual impairment is defined as having trouble seeing even when wearing corrective lenses and/or being blind or unable to see at all, while a hearing impairment is defined as having any trouble hearing without a hearing aid.

Back or Neck Problem Causing an Activity Limitation* Among Adults Aged 18 and Older, by Sex and Age, 2004

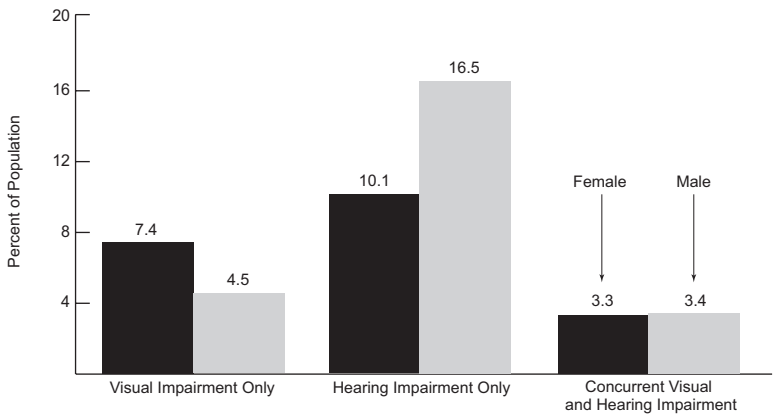
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Activity limitations are defined as conditions that cause difficulty performing certain physical, leisure, and social activities.

Visual and Hearing Impairment* Among Adults Aged 18 and Older, by Sex and Type of Impairment, 1997-2004

Source II.5: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Visual impairment is defined as having trouble seeing even when wearing corrective lenses and/or being blind or unable to see at all; hearing impairment is defined as having any trouble hearing without a hearing aid.

ARTHRITIS

Arthritis, the leading cause of disability among Americans over 15 years of age, comprises more than 100 different diseases that affect areas in or around the joints.[1] The most common type is osteoarthritis, which is a degenerative joint disease that causes pain and loss of movement due to deterioration in the cartilage covering the ends of bones in the joints. Other types of arthritis include rheumatoid arthritis, lupus arthritis, gout, and fibromyalgia.

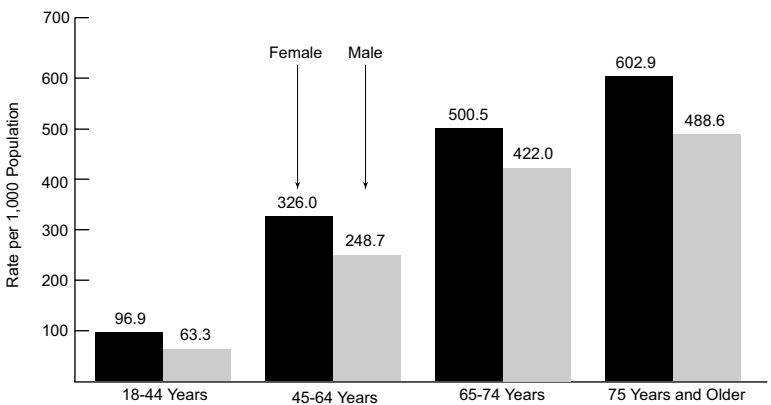
In 2004, over 20 percent of U.S. adults reported that they had ever been diagnosed with arthritis. Arthritis was more common in women than men, and rates of arthritis increased dramatically with age for both sexes. Less than 10 percent of women 18 to 44 years of age had been diagnosed with arthritis, compared to 60 percent of women 75 years and older.

Rates of arthritis among women varied by race and ethnicity. It was most common among non-Hispanic White women (279.4 per 1,000 women), followed by non-Hispanic Black women (225.2 per 1,000); Asian women had the lowest rates of arthritis (128.2 per 1,000). The high rate among non-Hispanic White women may be due to the older age distribution of this population.

1 *Arthritis Foundation. The facts about arthritis. 2004. http://www.arthritis.org*

Adults Aged 18 and Older with Arthritis,* by Age and Sex, 2004

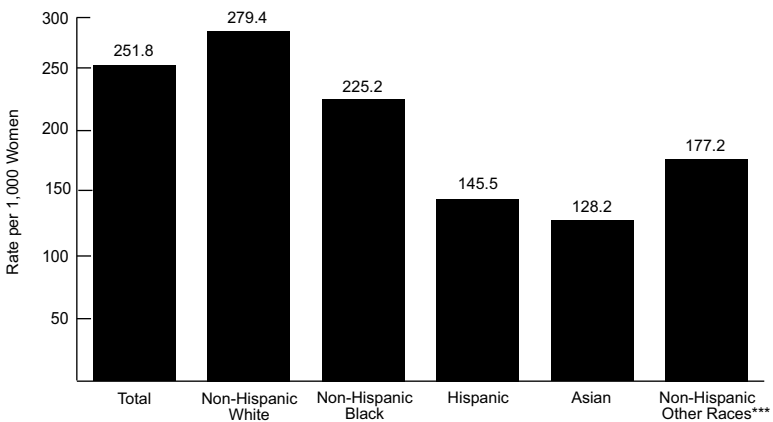
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have arthritis.

Women Aged 18 and Older with Arthritis,* by Race/Ethnicity,** 2004

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have arthritis. **Rates reported are not age-adjusted. ***Includes American Indian/Alaska Native and persons of more than one race.

ASTHMA

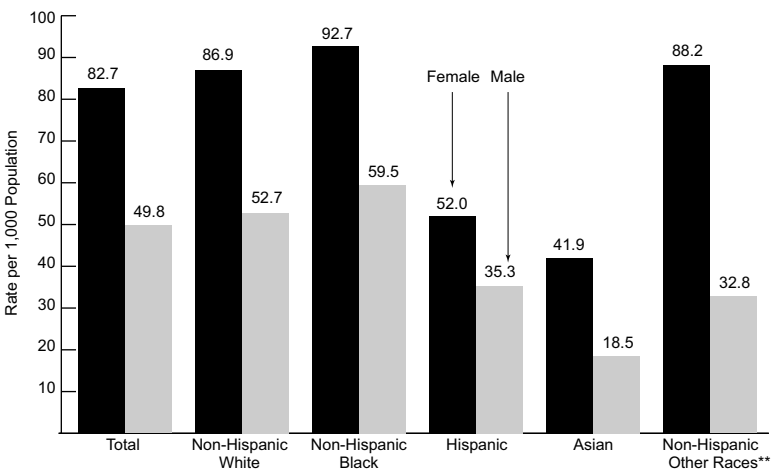
Asthma is a chronic inflammatory disorder of the airway characterized by episodes of wheezing, chest tightness, shortness of breath, and coughing. This disorder may be aggravated by allergens, tobacco smoke and other irritants, exercise, and infections of the respiratory tract. However, by taking certain precautions, persons with asthma may be able to effectively manage this disorder and participate in daily activities.

In 2004, women had higher rates of asthma than men (82.7 versus 49.8 per 1,000 population, respectively); this was true in every racial and ethnic group. Among women, non-Hispanic Blacks had the highest asthma rate (92.7 per 1,000), followed by women of other races (88.2 per 1,000); Asian women had the lowest asthma rate (41.9 per 1,000).

Being hospitalized with asthma can be an indication that the asthma is not effectively controlled. In 2004, asthmatic women with lower family incomes were more likely than women with higher family incomes to be hospitalized with asthma. Among women with family incomes below 100 percent of the Federal poverty level (FPL), 36.4 percent of those with asthma were hospitalized, compared to 18.8 percent of asthmatic women with family incomes of 300 percent of FPL and above.

Adults Aged 18 and Older with Asthma,* by Sex and Race/Ethnicity, 2004

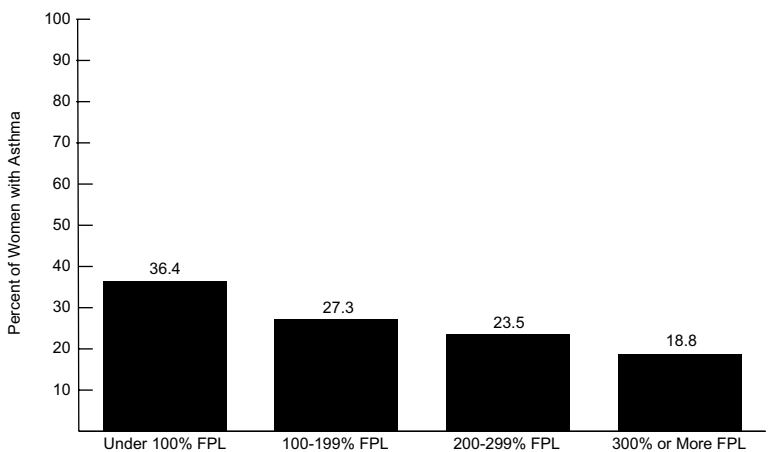
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported that a health professional has ever told them they have asthma and report they still have asthma.
**Includes American Indian/Alaska Native and persons of more than one race.

Women Aged 18 and Older with Asthma, Hospitalized with Asthma in the Past Year, by Poverty Status,* 2004

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Federal poverty level (FPL) was equal to $18,850 for a family of four in 2004.

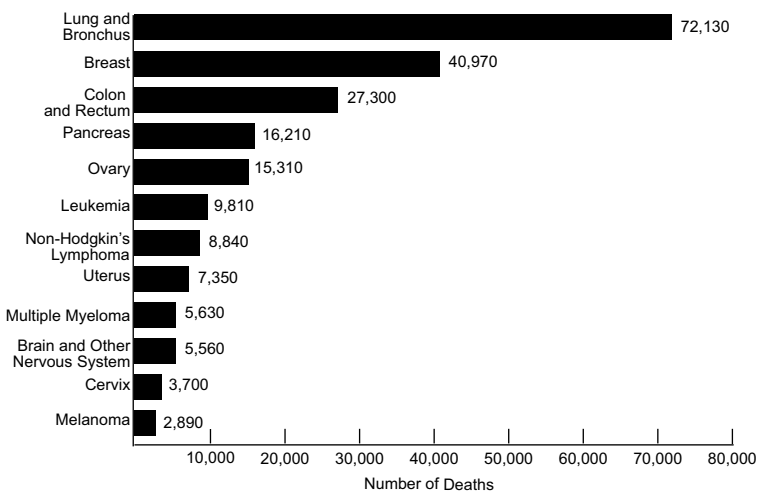
CANCER

It is estimated that almost 274,000 women will die of cancer in 2006. Lung and bronchus cancer causes 26 percent of cancer deaths among women, while the next most common cause of cancer death is breast cancer, which causes 15 percent of deaths. Colon and rectal cancer, pancreatic cancer, and cancer of the ovaries are also leading causes of cancer death among women. Although lung and bronchus cancer causes the greatest number of deaths, breast cancer is the most common type of cancer among women. This is due to relatively high survival rates for breast cancer and low survival rates for lung and bronchus cancer. For instance, in 1995-2001, the 5-year lung and bronchus cancer survival rates among White and Black women were 17.7 and 15.6 percent, respectively, compared to 89.5 and 75.9 percent for breast cancer.

Cancer is diagnosed in stages, which are based upon how far the cancer has traveled from the original site. Localized cancer is confined to the organ of origin, while regional cancer has extended to the surrounding organs, tissues, or lymph nodes. The most serious stage is distant, which indicates that the cancer has spread to parts of the body remote from the primary tumor. Some cancers are also categorized as unstaged because the information necessary for

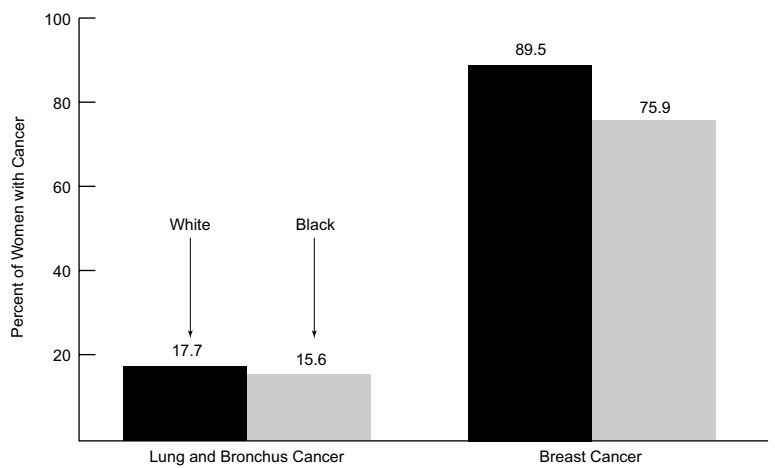
Selected Causes of Cancer Deaths for Females, by Site, 2006 Estimates

Source II.6: American Cancer Society



5-Year Malignant Lung and Bronchus Cancer and Breast Cancer Relative Survival Rates for Females, 1995-2001

Source II.7: National Cancer Institute; Surveillance, Epidemiology, and End Results (SEER) Program

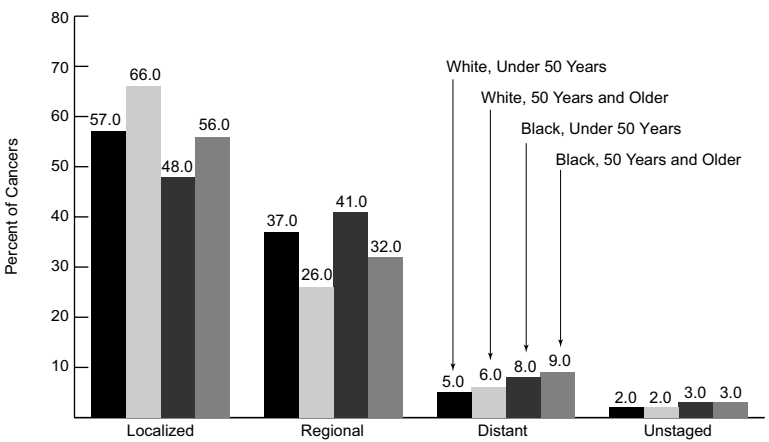


them to be categorized is not available. The majority of breast cancers that occur among both White and Black women of all ages are localized. However, regional breast cancer occurs more frequently in Black women and younger women of both races than among White women and older women. Distant cancer occurs more frequently in Black women than White women; however, these rates vary little by age for either race. The higher incidence of advanced breast cancer among Black women may be due in part to delayed diagnosis and treatment among this group.

Cancers of the lung and bronchus and of the colon and rectum are the second and third most common types of cancer among women, following breast cancer. The incidence of lung and bronchus cancer among women has increased over the past several decades. In 1975, the rate was 24.9 per 100,000 White women and 24.7 per 100,000 Black women; in 2002 those rates were 52.4 and 59.9, respectively. Diagnoses of colon and rectal cancer have dropped slightly among White women during the same period (from 54.0 to 44.8 per 100,000) while they have remained relatively stable among Black women.

Stage* Distribution of Breast Cancer, by Age and Race, 1995-2001

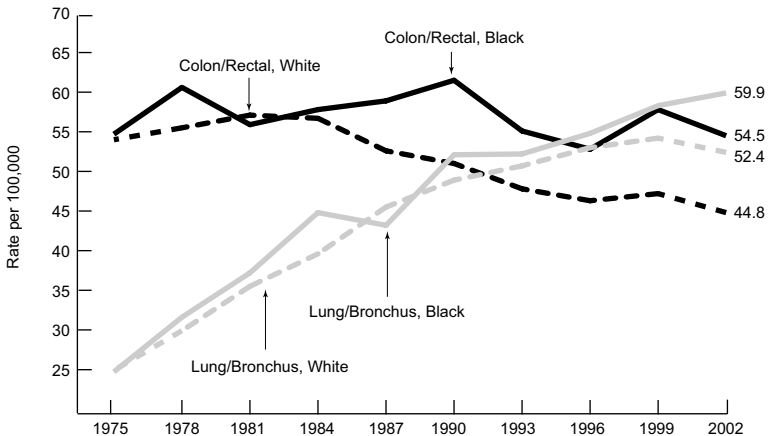
Source II.8: National Cancer Institute; Surveillance, Epidemiology, and End Results (SEER) Program



*Stages: Localized is confined to the organ of origin. Regional has extended to the surrounding organs, tissues, or lymph nodes. Distant has spread to parts of the body remote from the primary tumor. Unstaged lacks necessary information to be assigned to one of the previous categories.

Age-Adjusted Malignant Lung/Bronchus Cancer and Colon/Rectal Cancer Rates Among Females, by Race, 1975-2002

Source II.7: National Cancer Institute; Surveillance, Epidemiology, and End Results (SEER) Program



DIABETES

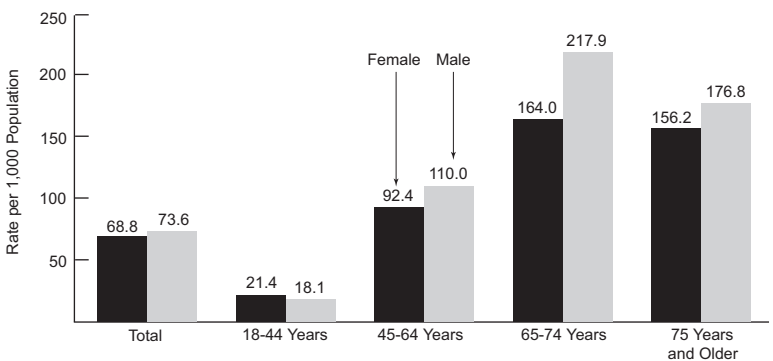
Diabetes is a chronic condition and a leading cause of death and disability in the United States. Complications of diabetes are serious and may include blindness, kidney damage, heart disease, stroke, nervous system disease, amputation, and complications during pregnancy. The two main types of diabetes are Type 1 (insulin dependent) and Type 2 (non-insulin dependent). Type 1 diabetes is usually diagnosed in children and young adults, and is commonly referred to as "juvenile diabetes." Type 2 diabetes is more common; it is often diagnosed among adults but is becoming increasingly common among children. Risk factors for Type 2 diabetes include obesity, physical inactivity, and a family history of the disease.

In 2004, women under the age of 45 were more likely to report having diabetes than men of the same age. The rate of diabetes increased with age for both sexes; however, older men were more likely to have diabetes than their female counterparts. The rate of diabetes among women under the age of 45 was 21.4 per 1,000 women, compared to 18.1 per 1,000 men of the same age. The rates among women and men 75 years and older were 156.2 and 176.8 per 1,000, respectively.

Non-Hispanic Black women are more likely than women of other racial and ethnic groups to have diabetes: the rate of diabetes among this group was 103.6 per 1,000 in 2004, compared to a rate of 77.8 per 1,000 Hispanic women and 61.1 per 1,000 non-Hispanic White women. Most women with diabetes do not take insulin, which indicates that they likely have Type 2 diabetes. Although diabetes is most common among non-Hispanic Black women, a greater proportion of non-Hispanic White women with diabetes did not take insulin in 2004.

Adults Aged 18 and Older with Diabetes,* by Age and Sex, 2004

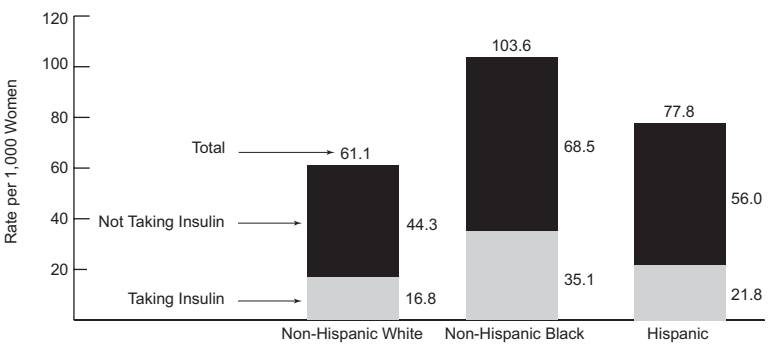
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have diabetes.

Current Insulin Use Among Women Aged 18 and Older with Diabetes,* by Race/Ethnicity,** 2004

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have diabetes. **Rates reported are not age adjusted. The sample of Asians and those of other races was too small to produce reliable estimates.

HEART DISEASE

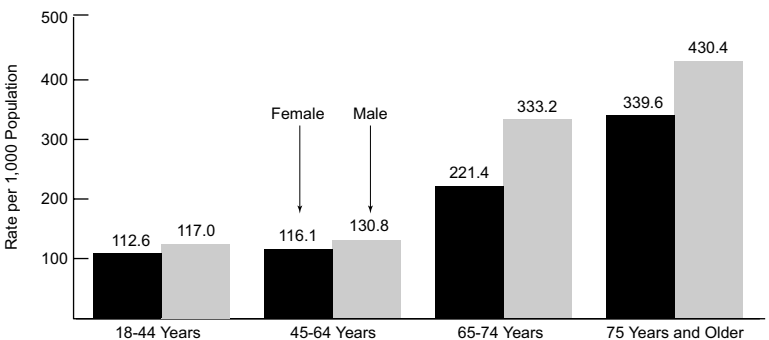
In 2003, heart disease was the leading cause of death for women. Heart disease describes any disorder that prevents the heart from functioning normally. The most common cause of heart disease is coronary heart disease, in which the arteries of the heart slowly narrow, reducing blood flow. Risk factors include obesity, lack of physical activity, smoking, high cholesterol, hypertension, and old age. Although some risk factors cannot be modified, a diet low in saturated fat and full of fruits and vegetables can help lessen or eliminate several of these risk factors.

In 2004, women under 45 years of age had a higher rate than their male counterparts (50.3 versus 39.4 per 1,000 population, respectively). However, men had a slightly higher overall rate of heart disease than women. Rates of heart disease among both men and women increased substantially with age and were highest among those 75 years and older, which demonstrates the chronic nature of the disease.

Rates of heart disease among women differ by race and ethnicity. In 2004, the highest rate occurred among non-Hispanic White women (125.2 per 1,000), followed by non-Hispanic Black women (98.3 per 1,000); Asian women had the lowest rate (35.8 per 1,000). Although non-Hispanic White women experience the highest rates of heart disease, deaths from heart disease are highest among non-Hispanic Black women. In order to increase awareness about the risks of heart disease, the National Heart, Lung, and Blood Institute of the U.S. Department of Health and Human Services launched a campaign in 2003 called "The Heart Truth." The red dress that represents the campaign is now commonly recognized as the national symbol for women and heart disease awareness.

Adults Aged 18 and Older with Heart Disease,* by Age and Sex, 2004

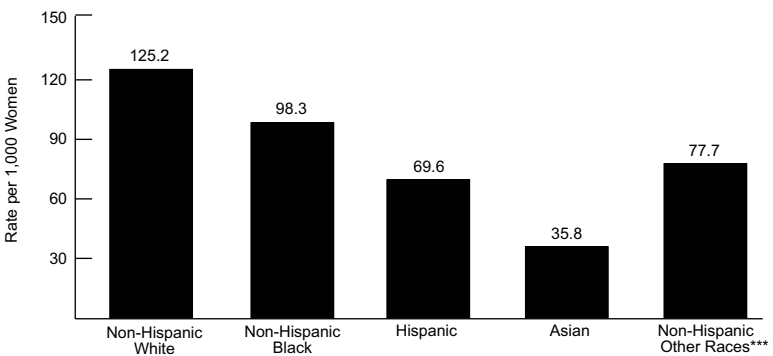
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have a heart condition or heart disease.

Women Aged 18 and Older with Heart Disease,* by Race/Ethnicity,** 2004

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have a heart condition or heart disease. **Rates reported are not age-adjusted. ***Includes American Indian/Alaska Native and persons of more than one race.

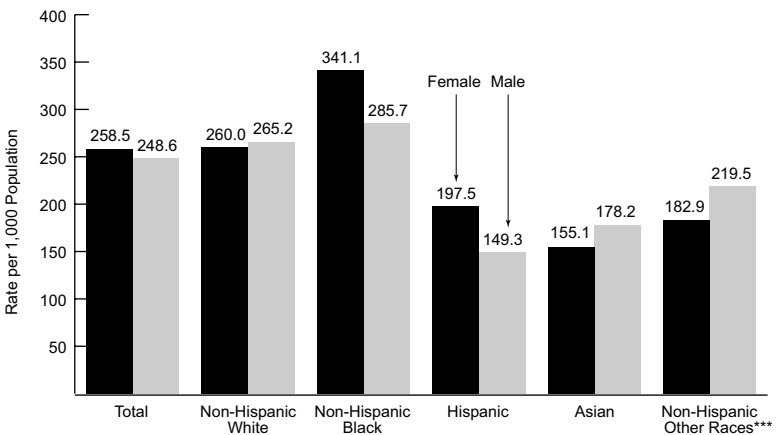
HYPERTENSION

Hypertension, also known as high blood pressure, is a risk factor for a number of conditions, including heart disease and stroke. It is defined as a systolic pressure (during heartbeats) of 140 or higher, a diastolic pressure (between heartbeats) of 90 or higher, or both. In 2004, women had higher overall rates of hypertension than men (258.5 versus 248.6 per 1,000 population); however, this varied by race and ethnicity. For instance, non-Hispanic Black and Hispanic women had higher rates of hypertension than their male counterparts, while non-Hispanic White and Asian women had lower rates. Among women, non-Hispanic Blacks had the highest rate of hypertension (341.1 per 1,000), followed by non-Hispanic Whites (260.0 per 1,000); Asian women had the lowest rate (155.1 per 1,000).

Rates of hypertension increase substantially with age and are highest among those 75 years and older, which demonstrates the chronic nature of the disease. The rate among women aged 18 to 44 years was 93.7 per 1,000 in 2004, compared to a rate of 333.9 per 1,000 among those aged 45 to 64 years, 546.8 per 1,000 among those aged 65 to 74 years, and 620.0 per 1,000 among those aged 75 years and older. This means that almost two-thirds of those in the oldest age group have ever been diagnosed with hypertension.

Adults Aged 18 and Older with Hypertension,* by Sex and Race/Ethnicity,** 2004

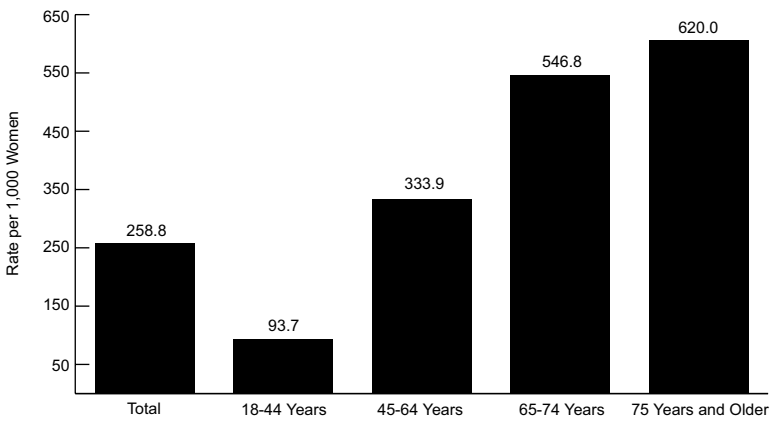
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have hypertension. **Rates reported are not age-adjusted. ***Includes American Indian/Alaska Native and persons of more than one race.

Women Aged 18 and Older with Hypertension,* by Age, 2004

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have hypertension.

INJURY

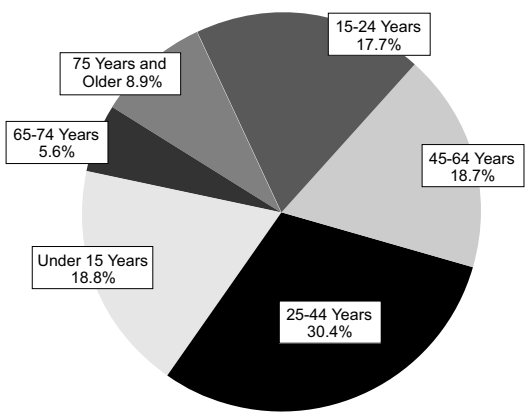
Injuries are largely predictable and preventable, and can be controlled by either preventing an event that causes injury, or by lessening the impact of an injury event. Ways in which this can happen include education, engineering and design of safety products, enactment and enforcement of policies and laws, economic incentives, and improvements in emergency care. Some examples include the design and oversight of car seats and seatbelts, workplace regulations regarding safety practices, vouchers for items such as smoke alarms, and tax incentives for fitting home pools with fences.

There were over 40 million injury-related emergency department (ED) visits in 2003. Among females, 30 percent of all ED visits were injury-related, compared to 41 percent of all male ED visits. This represents 12.7 injury-related visits per 100 females each year compared to 15.5 visits per 100 males. Among females, the highest rate of injury-related ED visits (16.5 per 100 people) occurred among those aged 15 to 24 years and 75 years and older; however, due to the age distribution of the population, they represented only 17.7 and 8.9 percent of all female ED visits, respectively.

Unintentional and intentional injuries represented a higher proportion of ED visits for males than females in 2003. Among males and females aged 18 years and older, unintentional injuries accounted for 27.8 and 20.0 percent of ED visits, respectively, while intentional injuries represented 1.7 and 2.4 percent. Among both males and females, the two most common causes of injury were falls and motor vehicle crashes.

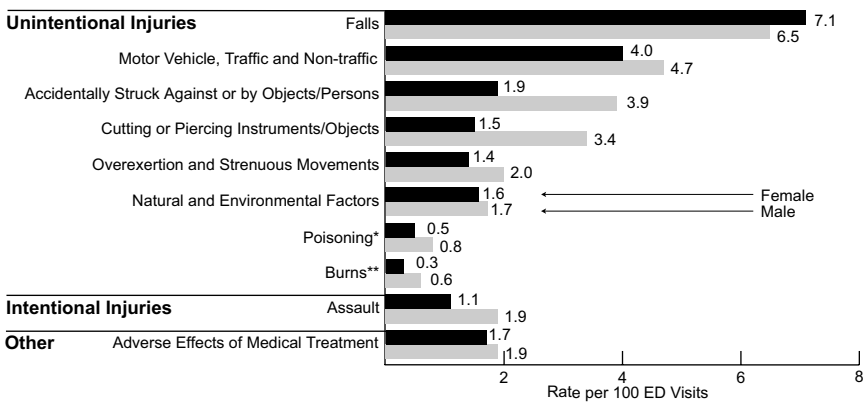
Injury-Related Emergency Department Visits for Females, by Age, 2003

Source II.9: Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey



Injury-Related Emergency Department Visits Among Adults Aged 18 and Older, by Sex and Mechanism, 2003

Source II.10: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey



*Includes poisoning by solids, liquids, gases, or vapors. **Includes burns by flames, hot substances/objects, or caustic/corrosive materials.

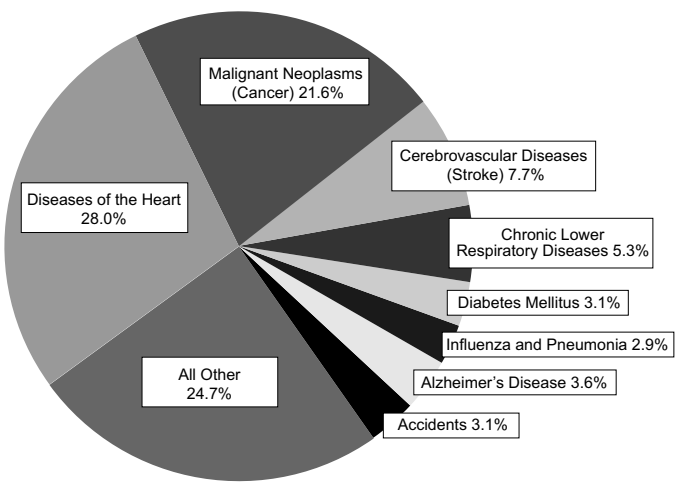
LEADING CAUSES OF DEATH

In 2003, there were over 1.2 million deaths among females. Of these deaths, nearly half were attributed to diseases of the heart and malignant neoplasms (cancer), with 348,994 and 268,912 deaths, respectively. The next two leading causes of death were cerebrovascular diseases (stroke), which accounted for 7.7 percent of all female deaths, followed by chronic lower respiratory diseases which accounted for 5.3 percent.

While age-adjusted death rates varied for women by race and ethnic group, the leading causes were the same for each population: heart disease and cancer. Age-adjusted death rates for four of the top five causes were highest among non-Hispanic Black women, followed by non-Hispanic White women and Hispanic women. The exception was chronic lower respiratory diseases, which caused the highest rate of deaths among non-Hispanic White women, followed by American Indian/Alaska Native women and non-Hispanic Black women.

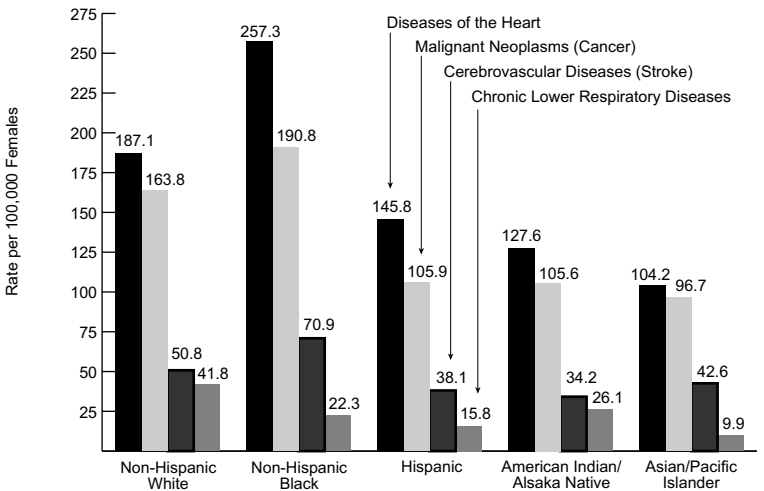
Leading Causes of Death in Females (All Ages), 2003

Source II.11: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



Age-Adjusted Death Rates from Selected Conditions for Females (All Ages), by Race/Ethnicity, 2003

Source II.11: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



MENTAL ILLNESS AND SUICIDE

Mental illnesses affect men and women differently: some disorders are more common in women, while some illnesses display different symptoms. Among women interviewed in 2001-03, 23 percent had experienced an anxiety disorder in the past year compared to fewer than 14 percent of men. Some of the anxiety disorders most common among women include specific phobias, social phobia, post-traumatic stress disorder, and generalized anxiety disorder. Mood disorders, such as depressive disorders and bipolar disorder, are also more common among women than men (11.6 versus 7.7 percent, respectively).

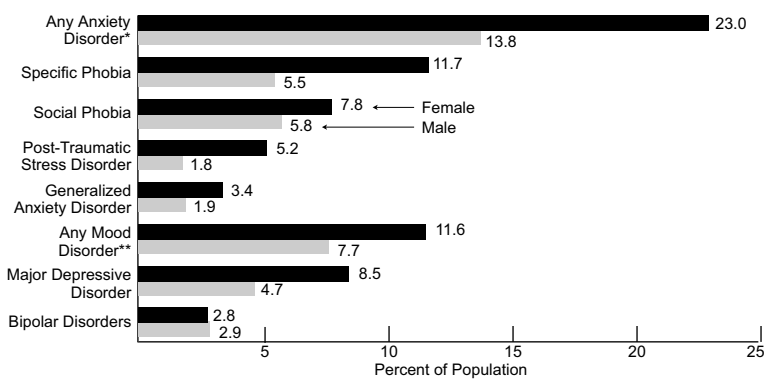
Although a majority of people who suffer from mental illness do not commit suicide, mental illness is a primary risk factor. Over 90 percent of suicide deaths in the United States are associated with mental illness and/or alcohol and substance abuse.[1] The rate of suicide is substantially higher for males than females; however, it is estimated that there are three suicide attempts among females for every one attempt among males.

In 2003, female suicide death rates were highest among non-Hispanic Whites (6.4 deaths per 100,000 women), followed by American Indian/Alaska Natives (4.8 per 100,000). Lower rates were found among Asian/Pacific Islander females (3.8 per 100,000), non-Hispanic Black females (2.4 per 100,000), and Hispanic females (2.1 per 100,000).

1 *Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE, eds. Reducing suicide: a national imperative. Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide, Board on Neuroscience and Behavioral Health, Institute of Medicine; 2002.*

Mental Disorders Among Adults Aged 18 and Older in the Past Year, by Sex, 2001-03

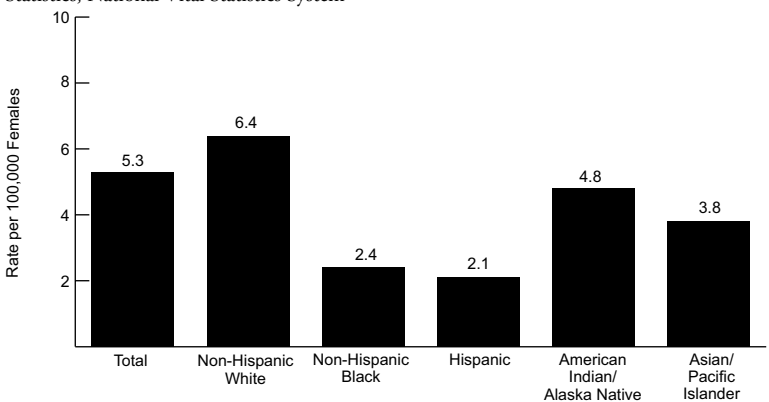
Source II.12: National Comorbidity Survey Replication (NCS-R)



*Anxiety disorders include panic disorder, phobias, obsessive-compulsive disorder, and generalized anxiety disorder. **Mood disorders include major depressive disorder, bipolar disorders, and dysthymia.

Suicide Death Rates for Females Aged 15 Years and Older, by Race/Ethnicity, 2003

Source II.11: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



ORAL HEALTH AND DENTAL CARE

Oral health conditions can cause chronic pain of the mouth and face, and can impair the ability to eat normally. To prevent caries (cavities) and periodontal (gum) disease, the American Dental Association recommends maintaining a healthy diet with plenty of water, and limiting eating and drinking between meals.[1] Other important preventive measures include regular brushing and flossing and regular dental checkups to remove plaque and examine for caries or other potential problems.[2] These guidelines can be important for parents, since dental caries is an infectious disease. The bacteria causing decay are transmissible from parent or caregiver to child through oral contact and sharing food and utensils.[3]

In 1999-2002, women were less likely than men to have untreated dental caries (8.9 versus 12.6 percent). Among women, non-Hispanic Blacks were most likely to have caries, followed by Hispanic women. Sealants—a hard, clear substance applied to the surfaces of teeth—may help to prevent caries, but women are less likely than men to have sealants. Non-Hispanic Black women are most likely to have caries, but are second only to Hispanic women in having sealants.

Having health insurance, and particularly dental insurance, may affect how often women visit the dentist. In 1999-2002, 72.1 percent of women who had health and dental insurance reported seeing a dentist in the past year, compared to 60.3 percent of women with health insurance but no dental coverage and 38.4 percent of women with no health insurance. Women with no health insurance were the most likely to have gone at least 5 years since a dental visit.

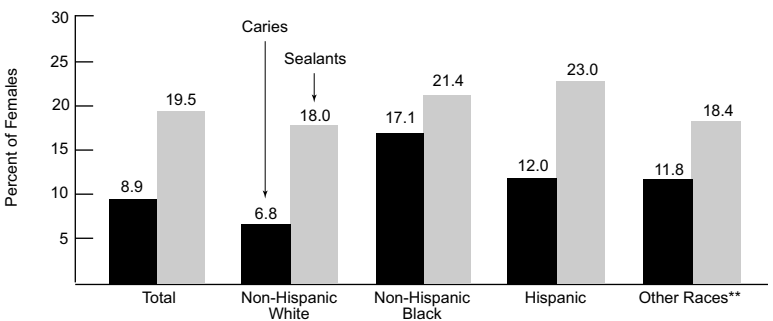
1 *American Dental Association. Diet and oral health: overview. Available from http://www.ada.org/public/topics/diet.asp*

2 *American Dental Association. Preventing periodontal disease. JADA 2001 Sep;132:1339.*

3 *American Dental Association. ADA statement on early childhood caries. Available from http://www.ada.org/prof/resources/positions/statements/caries.asp*

Untreated Dental Caries and Presence of Sealants in Females,* by Race/Ethnicity, 1999-2002

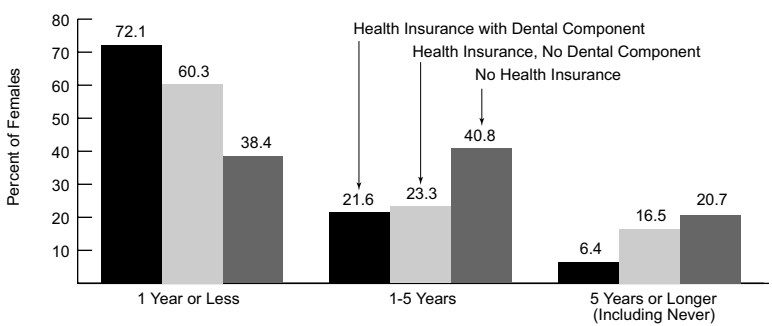
Source I.7: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Caries are among women aged 18 and older; sealants are among women aged 18 to 34. **Includes Asian/Pacific Islander, Native American/Alaska Native, and persons of more than one race.

Time Since Last Seen a Dentist Among Women Aged 18 and Older, by Health Insurance, 1999-2002

Source I.7: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



OSTEOPOROSIS

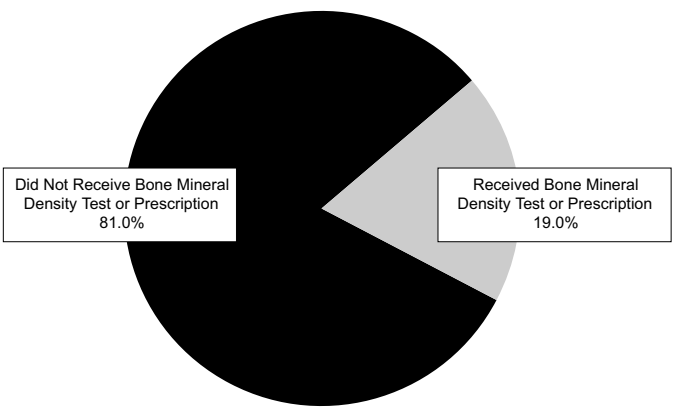
Osteoporosis is the most common underlying cause of fractures in the elderly, but it is not frequently diagnosed or treated, even in individuals who have already suffered a fracture. An estimated 10 million Americans have osteoporosis, while another 34 million have low bone mass and are at risk for developing osteoporosis; 80 percent of those affected are women. By 2020, an estimated one in two Americans over age 50 will be at risk for osteoporosis and low bone mass.

Each year about 1.5 million people suffer a bone fracture related to osteoporosis, with the most common breaks in the wrist, spine, and hip. Fractures can have devastating consequences. For example, hip fractures are associated with an increased risk of mortality, and nearly one in five hip fracture patients ends up in a nursing home within a year. The direct care costs for osteoporotic fractures alone are up to $18 billion each year.[1]

Osteoporosis may be prevented and treated by getting the recommended amounts of calcium, vitamin D, and physical activity, and by taking prescription medication when appropriate. Calcium is found in diary foods, dark green vegetables, and fortified foods such as oatmeal and cold cereal. Vitamin D is made by the skin when it is exposed to the sun; however, getting sufficient vitamin D in this manner is not practical for many people. Vitamin D is also available in milk and other products that are fortified, and through supplements. Frequent physical activity that puts stress on the bones is also important. This should include regular physical activity, strength training, and activities that help maintain balance. Bone density tests are recommended for all women over 65 and for any man or woman who suffers a fracture after the age of 50. Treatment of osteoporosis has been shown to reduce the risk of subsequent fractures by 30-65 percent.[1] Despite this recommendation, national data in 2004 indicate that only 19 percent of female Medicare beneficiaries aged 67 years and older who had a fracture received either a bone mineral density test or a prescription. Individual plans' rates were consistently low, with almost all plans having osteoporosis management rates below 28.5 percent.

HEDIS®* Measure of Osteoporosis Management in Women Aged 67 and Older Who Had a Fracture, Medicare Plans, 2004**

Source II.13: National Committee for Quality Assurance



*HEDIS (Health Plan Employer Data and Information Set) is a registered trademark of NCQA. **The HEDIS Osteoporosis Management in Women Who Had a Fracture measure estimates the percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density test or a prescription for a drug to treat or prevent osteoporosis in the 6 months after the date of fracture. This measure was reported for the first time in 2004, and only applies to Medicare plans.

1 *U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: Office of the Surgeon General; 2004.*

OVERWEIGHT AND OBESITY

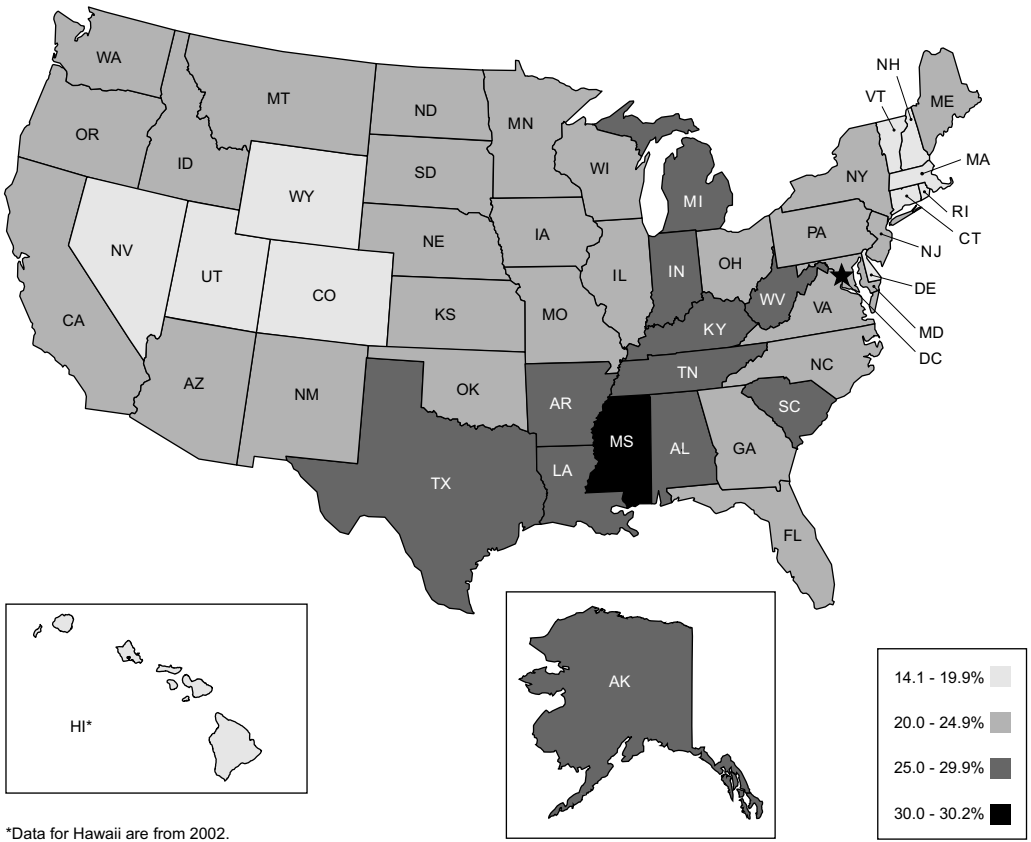
Being overweight or obese increases the risk for numerous ailments, including high blood pressure, diabetes, heart disease, stroke, arthritis, cancer, and poor reproductive health.[1] According to the Centers for Disease Control and Prevention, 51.7 percent of women and 67.9 percent of men were overweight or obese in 2004. Measurements of overweight and obesity are based on Body Mass Index (BMI), which is a function of height and weight. Overweight is defined as a BMI of 25.0-29.9, and obese is defined as a BMI of 30 or more; a BMI of 18.5-24.9 is considered normal while a BMI below 18.5 is considered underweight.

In 2004, every State in the nation had an obesity rate of at least 14 percent. Overall, 11 States (located primarily in New England and the Midwest) had obesity rates above 14 but below 20 percent. A majority of States had obesity rates of at least 20 percent but below 25 percent, while 11 States had rates of greater than 25 but less than 30 percent. Only one State in the nation (Mississippi) had an obesity rate of 30 percent or greater.

1 *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Overweight and obesity. June 2004. http://www.cdc.gov/nccdphp/dnpa/obesity*

Women Aged 18 and Older Who are Obese, by State, 2004

Source II.14: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System



*Data for Hawaii are from 2002.

SEXUALLY TRANSMITTED INFECTIONS

Reported rates of sexually transmitted infections (STIs) among females are highest among adolescents and young adults. In 2004, the rate of chlamydia among females aged 15 to 19 years was 2,761 cases per 100,000, and the rate of gonorrhea diagnoses among this age group was 611 per 100,000. The rates for both of these STIs then begin to decrease with age. While rates of STIs among 10- to 14-year-olds are relatively low, these cases raise concerns about potential sexual abuse of minors.

In 2004, there were 1,722 cases of chlamydia and 592 cases of gonorrhea per 100,000 non-Hispanic Black females, compared to 226 and 40 cases, respectively, per 100,000 non-Hispanic White females. American Indian/Alaska Native females also have high rate of STIs, with 1,127 and 155 cases of chlamydia and gonorrhea, per 100,000 females respectively.

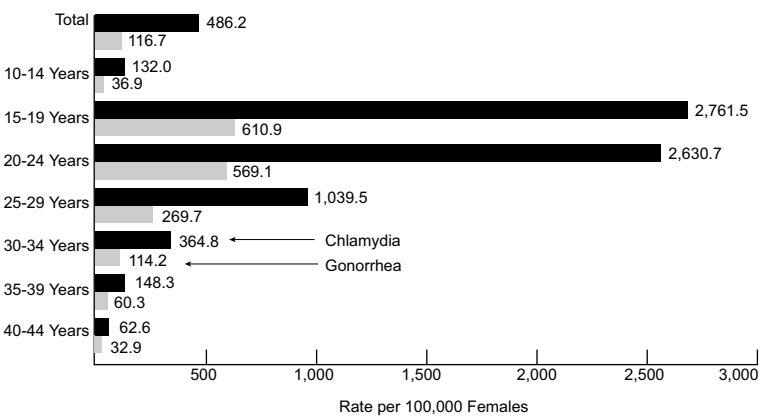
Although these conditions are treatable with antibiotics, STIs can have serious health consequences. Active infections can increase the odds of contracting HIV, and untreated STIs can lead to pelvic inflammatory disease, infertility, and adverse pregnancy outcomes.

Another STI, genital human papillomavirus (HPV), is estimated to affect at least 50 percent of the sexually active population. There are many different types of HPV, and some, which are referred to as "high-risk," can cause cancer. Although cervical cancer in women is the most serious health problem caused by HPV, it is highly preventable with regular Pap tests and follow-up care.[1]

1 *Centers for Disease Control and Prevention, Division of STD Prevention. HPV: common infection, common reality. May 2004. Available from: http://www.cdc.gov/std/HPV*

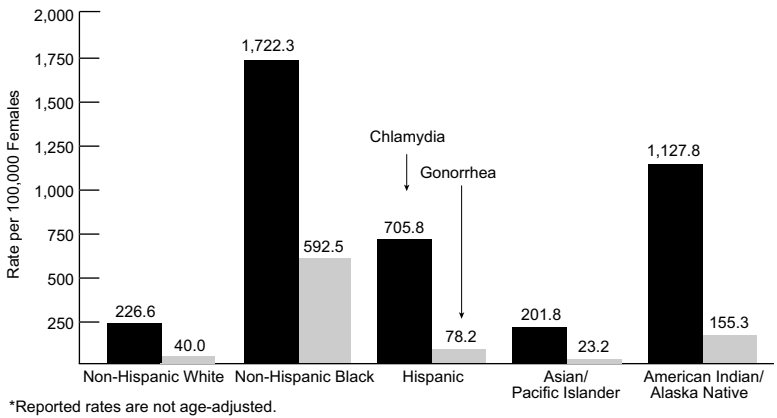
Reported Rates of STIs Among Females Aged 10 and Older, by Age, 2004

Source II.15: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance



Reported Rates of STIs Among Females Aged 10 and Older, by Race/Ethnicity,* 2004

Source II.15: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance



*Reported rates are not age-adjusted.

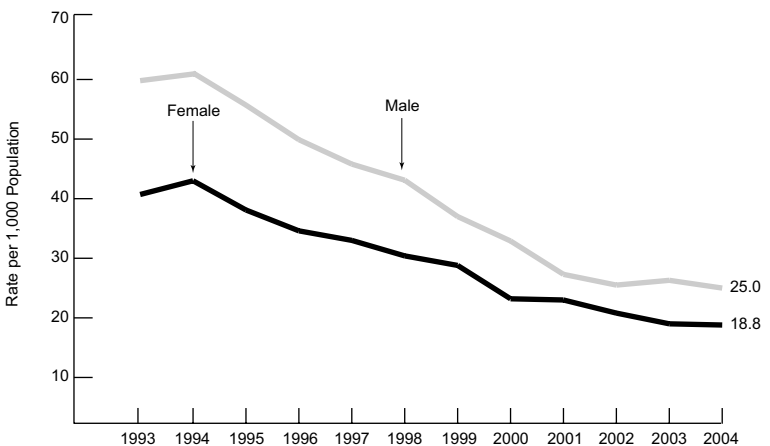
VIOLENCE AND ABUSE

According to the National Crime Victimization Survey, there were over 2.2 million violent crimes committed against females aged 12 and older in the United States in 2004; this includes rape, sexual assault, robbery, aggravated assault and simple assault. In 1993, the rate of violent victimization among men was 59.8 per 1,000 population and the rate among women was 40.7 per 1,000. Those rates had dropped to 25.0 and 18.8 per 1,000, respectively, in 2004. This follows the downward trend in violent crime victimization rates for women over the past decade.

Women are more likely than men to be victims of sexual assault and rape, while men are more likely to be victims of robbery and both types of assault. For all types of violent crime, women are more likely than men to know the offender. Among all rape and sexual assault cases in 2004, 67 percent of female victims were attacked by someone that they knew, either an intimate partner (17 percent), other relative (3 percent), or friend/acquaintance (31 percent). Another 31 percent were attacked by a stranger, while the victim/offender relationship in the remaining 2 percent of cases was not determined. Similarly, victims of 54 percent of robberies, 61 percent of aggravated assaults, and 66 percent of simple assaults knew their assailant.

Violent Crime Victimization* Rates Among People Aged 12 and Older, by Sex, 1993-2004

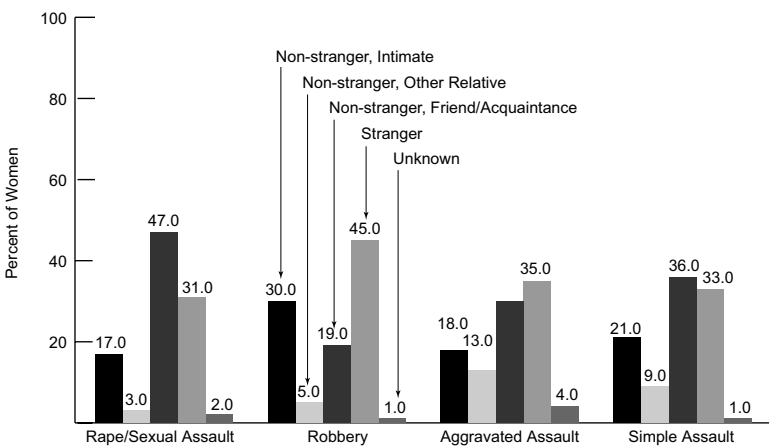
Source II.16: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey



*Includes rape/sexual assault, robbery, and assault.

Victim and Offender Relationship,* Females Aged 12 and Older Who Were Victims of Violent Crime, 2004

Source II.16: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey



*Some rates are based on fewer than 10 cases.

WOMEN AND CRIME

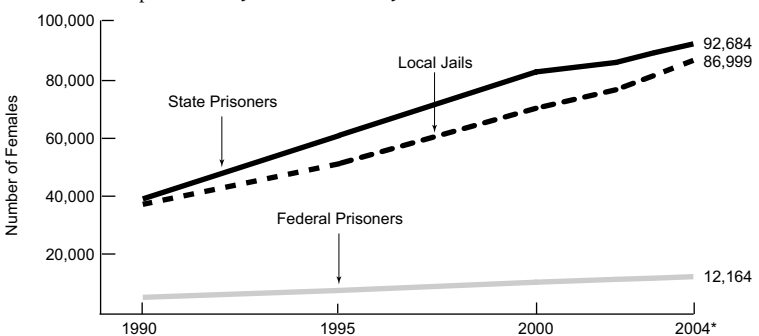
In 2004, the number of incarcerated women continued to increase. The number of women in Federal prisons reached 12,164, while the number of women in State prisons reached 92,684. A 1-day count of jail inmates on June 30, 2004 found 86,999 women in custody. Prisons hold people serving sentences for Federal or State crimes. Local jails are used to hold individuals for shorter periods of time, including people who are awaiting arraignment, trial, conviction, or sentencing; are being transferred to prison; violated probation or parole; received a short sentence, generally under 1 year; or who are unable to stay in prisons due to overcrowding.

Incarceration rates are higher among men than women (1,348 jail and prison inmates per 100,000 men versus 123 female inmates per 100,000 women); however, the number of incarcerated women has grown at a much faster rate than that of men. Racial and ethnic differences continue to exist among incarcerated women. Among those women under State and Federal correctional jurisdiction in 2004, the rate was highest among non-Hispanic Blacks (170 per 100,000 women); the incarceration rate among Hispanic women was 75 per 100,000, and the rate among non-Hispanic White women was 42 per 100,000. These rates do not include women under the jurisdiction of local jail authorities.

Arrests can be another indicator of female perpetration of crime. In 2004, some of the more common reasons for women to be arrested included larceny-theft (13.9 percent of arrests), drug abuse violations (9.9 percent of arrests), and driving under the influence (7.9 percent of arrests). Males are more likely than females to be arrested for violent crimes, while females are more likely to be arrested for property crimes and crimes such as disorderly conduct.

Female Federal and State Prisoners and Local Jail Inmates, 1990-2004

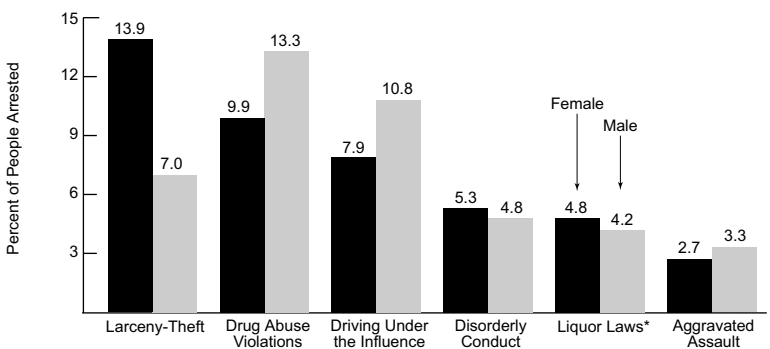
Source II.17: Department of Justice, Bureau of Justice Statistics



*Prison numbers were taken on December 21, 2004; jail numbers were taken on June 30, 2004.

Selected Offenses Among People Who Were Arrested, by Sex, 2004

Source II.17: Department of Justice, Bureau of Justice Statistics



*Violation of laws prohibiting the manufacture, sale, purchase, transportation, possession or use of alcoholic beverages.